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9.22.0

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/154065

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			40					RATE	FEE		RATE	FEE
FOR . N			. NUMBER FI	NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 40minus 2				s 20=	. 20			X\$.9=		OR	X\$18=	360
				_	· ~ 1			X40=			X80=	240
INDEPENDENT CLAIMS					<u> </u>					OR		
								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1310
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3))	SMALL	ENTITY	OR	OTHER SMALL	
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
WE.	Total	· 40	Minus	** ~	10	=0	1	X\$ 9=		OR	X\$18=	
IIZ L	Independent	. 8	Minus	***	6	= 2	1	X40=		OR	X8Ó=	172
4	FIRST PRESE	NTATION OF M	NULTIPLE DEF	PENDEN	IT CLAIM			105		1	+270=	
								+135=		OR	TOTAL	112
								ADDIT. FEE		JOB	ADDIT. FEE	1/2
		(Column 1)	C may consideration		umn 2)	(Column 3	3)		ADDI-	٦ .		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NL PRE	IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
S	Total		Minus			=		X\$ 9=		OR	X\$18=	
MEN	Independent		Minus	***		=		X40=			X80=	
N T	FIRST PRESI	NTATION OF	MULTIPLE DE	PENDE	NT CLAIM	1 -	إ	+135=		OF	+270=	
	*							TOTAL		-	TOTA	
								ADDIT. FEE		OF	ADDIT. FE	E L
		(Column 1)		lumn 2)	(Column	3)			_		1
O TA		CLAIMS REMAINING AFTER AMENDMEN		PRE	GHEST UMBER EVIOUSLY ND FOR	PRESEN' EXTRA		RATE	ADDI- TIONAI FEE	-	RATE	ADDI- TIONAI FEE
	Total	*	Minus			=		X\$ 9=		OF	X\$18=	
AMENDMENT	Independent	 .	Minus	1		=		X40=	1	OF	Ven	
1		ENTATION OF	MULTIPLE DI	PEND	NT CLAI	м 🗆		-	1	1	` 	
								+135=		OF		
		lumn 1 is less tha lumber Previous	v Daid For IN II	HIS SPAI	CE 13 1855 T	nan 20. enwi	"2 0."	ADDIT. FE		Of	ADDIT. FE	E
"	"If the "Highest I The "Highest N	Number Previous Number Previously umber Previously	y Paid For" IN T Paid For" (Total	HIS SPA or Indep	CE is less i endent) is i	man 3, enter " the highest nu	ა." Imber	found in the	appropriate	ni xod	column 1.	